

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5		2				
6		2				
7		2				
8	1					
9						
10						
11		3				
12	1					
13	2					
14	2					
15	2					
16	2					
17	1					
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	22	22	22	22	22	22

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	22	22	22	22	22	22